

MassArt Evening Only Student Parking Application

Date: _____ MassArt ID #: _____

Driver's Name: Last _____ First _____

Residential Address: _____

Home Telephone: (___) _____ Cell: (___) _____

Primary E-mail: _____

Additional MassArt Affiliation (staff, faculty, etc): _____

License Plate	State	Make (Ford, Honda, etc)	Model (Taurus, Accord, etc)	Year	Color

Please mark the semester and days in which you want parking (parking will be granted for those days in which you have class)

Fall ___ Spring ___ Summer ___

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Please mark which lot you want parking:

Ward St Lot (\$50/evening) _____ Parker St Lot (\$30/evening) _____

INFORMATION:

- A class schedule for the semester you are applying for **MUST** be submitted with the completed application for the application to be considered.
- Parking in both lots will be on a per evening basis and access will begin at 5pm. However, you are strongly encouraged to wait until 5:30pm to access lots as daytime staff typically works until 5pm.
- A submitted application does not guarantee parking and parking is awarded on a per semester basis.
- The parking fees are **per evening assigned for the semester** payable by check or money order only to **the Residences at MassArt**. *Example: For two classes, one meeting on Tuesdays and the other on Thursdays, you would pay \$100/semester in Ward Lot or \$60/semester in Parker Lot.*

AUTHORIZATION

I hereby verify that all information on this application is true and accurate.

I understand that:

- Any false information provided will automatically disqualify my application for parking.
- I understand that all permits and parking rights are non-transferable.
- I understand that parking is available on a first come, first served basis.
- I understand that submitting this application does not guarantee a parking space.
- No refunds will be issued after the add/drop deadline.

Signature: _____ Date: _____

For office use only: Date Received: _____ Date Notified: _____ In PB: _____ Activated: _____	Permit Number: _____ Dates Awarded: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Lot Assigned: _____ Total Due: _____	Check/MO number: _____ Name: _____
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